

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. CUMMINGS 4 CONGRESS

ADDRESS (number and street) BOX 1060 CASPER WY 82602-1060

2. FEC IDENTIFICATION NUMBER C00532721 3. IS THIS REPORT NEW (N) OR AMENDED (A) WY AL

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 04/01/2014 through 06/30/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Daniel Clyde Cummings Signature of Treasurer Daniel Clyde Cummings Date 10/15/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cummings 4 Congress

Report Covering the Period: From:

04 01 2014

To:

06 30 2014

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

000

000

(b) Total Contribution Refunds
(from Line 20(d))

000

000

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

000

000

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

545.4

89.56

(b) Total Offsets to Operating
Expenditures (from Line 14)

000

000

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

545.4

89.56

8. Cash on Hand at Close of
Reporting Period (from Line 27)

6499.5

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

000

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

000

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Cummings 4 Congress

Report Covering the Period: From: **04** / **01** / **2014**

To: **06** / **30** / **2014**

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

000

000

(ii) Unitemized.....

000

000

(iii) TOTAL of contributions from individuals ▶

000

000

(b) Political Party Committees.....

000

000

(c) Other Political Committees (such as PACs).....

000

000

(d) The Candidate.....

000

000

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

000

000

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

000

000

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

000

000

(b) All Other Loans.....

000

000

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

000

000

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

000

000

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

000

000

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

000

000

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|------|------|
| 17. OPERATING EXPENDITURES..... | 5454 | 8956 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 000 | 000 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 000 | 000 |
| (b) Of All Other Loans..... | 000 | 000 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 000 | 000 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 000 | 000 |
| (b) Political Party Committees..... | 000 | 000 |
| (c) Other Political Committees (such as PACs)..... | 000 | 000 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 000 | 000 |
| 21. OTHER DISBURSEMENTS..... | 000 | 000 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 5454 | 8956 |

III. CASH SUMMARY

| | |
|---|-------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 70449 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 000 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 70449 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 5454 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 64995 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

| | | |
|---|------------------------------------|-------------------------------------|
| FOR LINE NUMBER: (check only one) | PAGE | OF |
| <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c |
| <input type="checkbox"/> 19b 21 | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cummings 4 Congress

A. **United States Postal Service**

Mailing Address: **150 East B Street**

City: **Casper, Wyoming** State: _____ Zip Code: **82601-9998**

Purpose of Disbursement: **postage**

Candidate Name: **Daniel Clyde Cummings**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WY** District: **AL**

Date of Disbursement: **06 / 13 / 2014**

Amount of Each Disbursement this Period: **357.0**

Category/Type: **001**

B. **Sams Club**

Mailing Address: **4600 East 2nd Street**

City: **Casper Wyoming** State: _____ Zip Code: **82609-4224**

Purpose of Disbursement: **blank business cards**

Candidate Name: **Daniel Clyde Cummings**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **WY** District: **AL**

Date of Disbursement: **06 / 14 / 2014**

Amount of Each Disbursement this Period: **188.4**

Category/Type: **004**

C.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **M M / D D / Y Y Y Y**

Amount of Each Disbursement this Period: _____

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional) **545.4**

TOTAL This Period (last page this line number only) **545.4**

Cummings 4 Congress
82602-1060

CERTIFIED MAIL®



7014 1820 0001 8699 2613



1000

20463

RETURN RECEIPT
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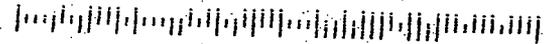
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999 E Street, NW
Washington, DC 20463

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 10/15/14 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 10/20/14 DATE PREPARED |

2014-10-15 10:00:00 AM